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Quality Accounts – Mid-year Update

Presentation to the Co Durham Adults Wellbeing and Health OSC
20th November 2023

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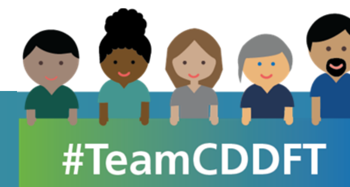

Positive performance to October 2023

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- The best ambulance clearance times in the region, with DMH (average 24 mins) first and UHND (average 28 mins) second
- A&E waiting times performance is on plan and in line with the national average– in October 75% of patients were seen in 4 hours close the national year end target of 76%
- Targeted quality improvement work saw an increase in performance for waiting times for Type 1 attendances from around 50% to 57% (seen and treated within four hours), although this remains a few per cent below the national average
- 89% of patients with suspected cancer diagnosed in line with the national Faster Diagnosis Standard – the best performance nationally
- Only 35 patients now waiting for 65 weeks or more and a reduction of over 50% in patients waiting more than 52 week waits since April – one of few trusts making this progress in the region
- We are consistently the second best performing trust in the region for diagnostic services and have been asked by region to help others
- Urgent Crisis Response – patients seen within two hours well above target (average 79% compared to the target of 70%)

Quality Strategy Progress

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A RAG-rating system has been used to indicate progress to date, using the following key:

Description	Rating	Description	Rating
On track to deliver improvements expected over the life of the strategy	Green	Broadly on track, with some consolidation of improvements needed	Yellow
Improvements have been made; however, there are some areas where progress has not been as expected and further work is needed.	Amber	Off track, with remedial work needed	Red

Quality Strategy Progress

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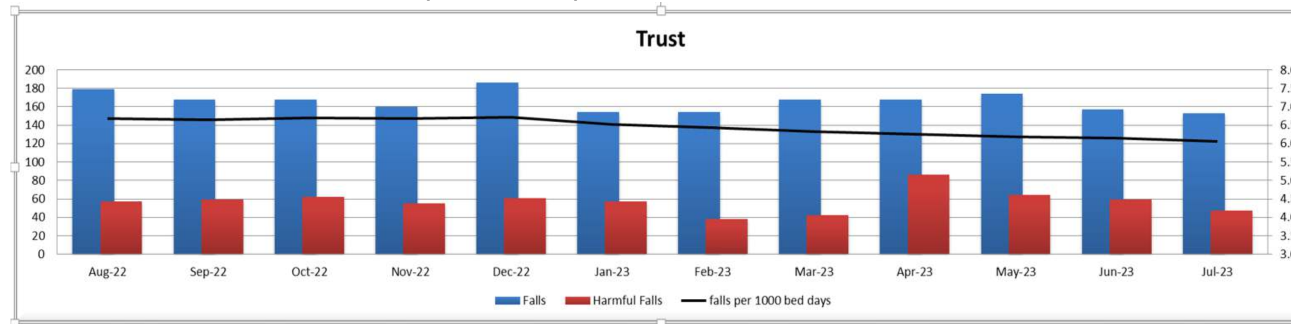
Objective and commentary	RAG rating
Reducing falls and harm from falls In the face of increasing patient acuity, the number of falls – when linked to activity – is starting to reduce as shown in the graph below, taken from the last report from the Falls Team to EPSEC. Falls with harm, have, however, remained at a similar level, with a spike in April 2023.  	
Meeting our zero tolerance for Grade 3 and 4 pressure ulcers with lapses in care There have been no pressure ulcers with lapses in care during April to September 2023.	
Meeting Infection Control thresholds The Trust has breached its zero tolerance for MRSA and its threshold for C-Diff and other reportable infections. See later slide.	

Quality Strategy Progress

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Objective and commentary	RAG rating
Improving recognition and action of patient deterioration There have been many positive developments in the period, with Treatment Escalation Plans developed in our EPR system, together with processes to monitor (real-time) completion of observations and alerting staff to out of range observations. Current compliance with recording observations is over 90%. Remaining gaps, on which we are focusing for the remainder of the year are life support training, where there is still some catch-up following the pandemic, increasing timely commencement of treatment for sepsis, and ensuring that escalated observations are acted on promptly.	
Re-embedding Local Safety Standards for Invasive Procedures Compliance with all safety standards was audited for the first time since the pandemic, predictably finding variable levels of compliance. A dedicated task and finish group is in place which has established version control, ensured that all safety documents are up to date and launched a communication and awareness campaign across all services. A further, full audit is planned for early in 2024.	
Maternity Services The Trust received an inadequate rating from CQC for services at both main sites and has focused on implementing the remedial actions required – see later slide.	

Quality Strategy Progress

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Objective and commentary	RAG rating
Minimising loss to follow up The Trust has not experienced any Serious Incidents involving a loss to follow up in the current year. There is a Failsafe Officer in place for Ophthalmology, where previous incidents were experienced and improvements have been made to procedures for capturing clinic outcomes and forward bookings.	
Releasing Time to Care The roll out of Cerner, with decision support pathways and removal of duplication of effort in some areas has helped to release some time to care and there are some examples where non-clinical roles have been deployed to release clinical staff to focus on care. Ward audits are also being streamlined and replaced by automated audit extracts from the system where possible. This work is ongoing.	
Listening to Patients and Families We reinvigorated our Friends and Family Test, increased the "You Said, We Did" feedback to patients and families and introduced an easy-read version to help some patient groups. We have re-launched our internal Patient Experience Forum and our Patient Experience Network including Healthwatch and other partners. Sharing and spreading best practice in patient engagement and making better use of Patient Stories at Board are the priorities for the remainder of the year.	

Quality Strategy Progress

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Objective and commentary	RAG rating
Improving discharge We have consolidated our multi-agency approach to discharge. We have also started work on a Transfer of Care Hub to operate as a system-level coordination centre for local health and social care joining-up all relevant services to support safe, timely and effective discharge. The Trust's Safeguarding teams have introduced thematic working groups with Discharge Facilitators / Coordinators to embed all learning arising from sub-optimal discharge reports submitted via our Local Authority colleagues. The number of such reports has reduced as a result.	
Caring for patients with additional needs Take up of training in care of patients with dementia remains high, we continue to embed our specialist LD nurses in the delivery of care and, working with TEWV, have undertake a gap analysis against best practice for care of patients in acute hospitals with mental health needs. We are rolling out improvements to address the gaps.	

Quality Strategy Progress

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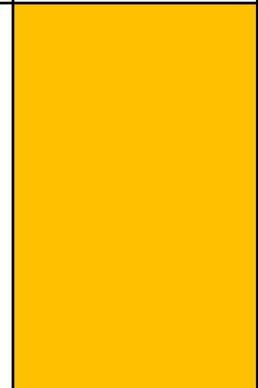
Objective and commentary	RAG rating
Shared decision-making Principles and practices associated with shared decision-making are embedded, to varying degrees in services. Some aspects, such as best interests decisions, are audited and are improving. The Trust's Lead MacMillan Cancer Nurse, who is involved in regional project on shared decision-making considers that many services have strong practices; however, we need to complete a full stock-take against the nice guidance and to 'share and spread' the good practice.	

Infection Control

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Positively, training rates are in line with the Trust standard for both clinical and non-clinical staff and counts of legionella in the DMH water supply are reducing.

However, as of 3rd October, the Trust had seen 3 MRSA cases against its zero tolerance and, for reportable infections, rates were as follows:

- C-Diff: 40 cases versus a full year threshold of 50
- Klebsiella: 27 cases versus a full year threshold of 33
- E-coli: 51 cases versus a full year threshold of 98
- Pseudomonas: 10 cases against a full year threshold of 10.

The MRSA cases involved issues with blood cultures, IV lines and catheterisation. The C-Diff trend is being observed regionally and nationally, with the ICB bringing together all IPC teams to agree a reductions strategy. CDDFT has committed to a reduction plan. Themes being addressed include:

- “Gloves off” Hand hygiene
- Commode cleanliness
- Anti-microbial stewardship / use of antibiotics
- Stool sampling protocols
- Reducing UTIs / CAUTIs
- MRSA screening and de-colonisation
- Assessment of risk on admission
- Learning from individual cases

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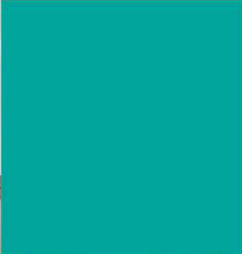

Carbapenamase Producing Enterobacterales (CPE)

There are presently four outbreaks in the Trust, three at DMH and one at UHND. One outbreak at DMH has persisted since February, despite decontamination of drains, a bay by bay deep clean, and the a full ward decant and deep clean.

A great deal of work has also been done to upgrade the clinical environments in DMH – a two-year £2m 'refresh' programme is well underway.

The Trust has implemented guidance from UKHSA (engaged as part of its response) and has recently had a commissioned external microbiology review, the recommendations from which are being worked through.

From 1st December 2023, we will screen all patients who have been in hospital in the last 12 months with one-day turnaround PCR tests making the identification of carriers and isolation more rapid.

CPE isolation requirements impact severely on patient flow by reducing the flow of side rooms and on the availability of Infection Control Nurses to support other programmes of work whilst the team has two vacancies (which are being recruited to).

Maternity Services

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- 2022/23 was a challenging year, as a result of:
  - Staffing shortages, linked to the regional and national picture
  - Exacerbated locally by a high-level of leavers linked to the roll out of continuity of carer and its actual or perceived impact on individuals
- Following extensive staff engagement, we scaled back continuity of carer to just two community-based teams, which we kept to support vulnerable families and we introduced a staff model including some hybrid acute and community teams.
- However, the model inadvertently made it more difficult to maintain a strong skill mix for overnight shifts
- We invested in a branded recruitment campaign and in international recruitment, with limited benefit set against attrition
- We tackled issues with antenatal and new-born screening in a project supported by NHSE and reduced incidents significantly
- We trained and enabled staff to use our Maternity Services system, Badgernet, effectively and extended the use of electronic systems to include CTG trace monitoring and archiving
- We established an Executive-led Maternity Quality Improvement Framework to implement quality and safety improvements aimed at reducing recurring incidents.
- In March 2023, CQC inspected the service. They published their report in September and rated the service, on both main sites **inadequate**

Maternity Services – present

- CQC required improvements with respect to:
  - Triage and risk assessment, including further improvements to screening
  - Staffing, including training
  - Observations and monitoring, including foetal heart monitoring
  - Suitability and availability of equipment
  - Governance, risk management and learning from incidents
- We have taken the report very seriously and have a focused improvement programme in place reporting to the Executive and the Board. We are recruiting a Director of Midwifery to lead and embed the further improvements we need.
- We are implementing the recommendations of an external Birth Rate Plus staffing review. We have recruited around 30 new midwives to start between September and November and are deploying additional medical, nursing and administration roles to support the service.
- We have implemented an evidence-based triage system for service users attending our Pregnancy Assessment Units, strengthened screening and risk assessment.
- We have improved compliance with CTG monitoring. We have provided training and support to over 200 staff to enable the required improvements with observations and escalation.
- We have purchased and deployed additional CTG machines and resuscitation equipment
- We have reviewed and enhanced governance roles and are now on top of incidents over 60 days old. We've improvements to governance, clinical audit and risk registers and are receiving ongoing support from the ICB Lead Midwife to implement further improvements.

Sepsis

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- There is a dedicated sepsis training programme including simulation training
- We are able to monitor, and report daily, the screening of patients with suspected sepsis, and how promptly this is being done.
- In September 2023, screening compliance ranged between 80% and 90% for most of the month.
- Our systems have been configured to send alerts using hand-held devices, to trigger both screening and treatment.
- Timely initiation of treatment remains a challenge but is being better supported by the alerts noted above.
- There are logistical challenges in ensuring that commencement of treatment in A&E is timely. As previously reported a patient group direction allows some nursing staff to administer Tazocin for sepsis of unknown origin to relieve demand on medical staff but the value is limited (there is often a suspected origin requiring a more targeted approach)
- Patient flow challenges and the availability of suitable space in pressured A&E departments can constrain early commencement of treatment; however, the A&E teams are actively looking for potential solutions.

Update on Committee questions

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Considering the national shortage of midwives how will the mentors be monitored as well as the students to ensure the standard is of a high enough quality during their educational programme?

We have a dedicated preceptorship programme and a practice education team with protected time. We have recognised the vital importance of high quality education and support for new staff and the practice education midwives are NOT being used to backfill gaps in rotas for this reason.

Recognising, again, the current shortage of nurses and other health professionals and carers. How can improving the care with additional needs, Mental Health, Dementia and other conditions be achieved?

There are specific training programmes for staff for Dementia and LD and Autism which are well-attended. A dedicated Dementia Nurse, working through a network of champions, and specialist LD nurses support ward staff and direct patient care. Patients with MH needs have dedicated care plans developed and delivered with TEWV. We must, and indeed do, take the view that we are here to provide safe, compassionate joined up care for all our patients meeting all their needs whilst in our care.

Update on Committee questions

Fabulous system using colour coded jugs but how will it be monitored accurately to ensure this doesn't just become another task rather than an essential need for hydration and nutrition?

Use of the jugs is an aid to help staff readily monitor the fluid intake of their patients. It is being piloted using a Plan, Do, Study, Act (PDSA) approach before roll out to all wards, giving staff time to learn and adopt the approach. It has been piloted on three wards at DMH, four wards at UHND and the elderly care ward at BAH. It will be fully rolled out by the end of the year. Matrons carry out monthly monitoring checks of care on their wards, with independent checking every second month.

Is there a correlation between Sepsis and C-Diff? Is there close monitoring of antibiotic use following transfer from ED to ward areas and is there a potential risk to patients from overuse of antibiotics?

The emphasis is placed on taking blood cultures promptly, so that the correct antibiotic can be identified and used. There is research that suggests that overuse of antibiotics can increase the development of gut bacteria and C-Diff. There is a regular programme of audits to check the correct use and selection of antibiotics and start and stop dates, with any concerns as to overuse forming the basis of education to medical staff.

Update on Committee questions

Are urethral catheters removed as quickly as possible if not essential?

This is our policy and we are looking to build an audit process into our Cerner (EPR) system. The Infection Control Committee monitors incidents for themes and trends and would consider whether any such theme or trend involved delayed removal of a catheter.

In respect of the management of patients with Sepsis: are there any plans for specialist practitioners/prescribers for this assessment and management process, in line with NICE recommendations to consider training of additional non-medical prescribers to enable redesign of services if necessary?

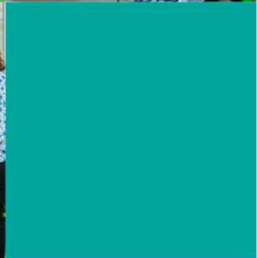
We did introduce the PGD for sepsis of unknown origin in our A&E departments, however, this is not often used as the origin of the sepsis is often known or suspected. We have considered a service redesign for other PGD's; however, given the real risk with antimicrobial resistance we are not pursuing this further at present.

Update on Committee questions

A specific query was raised regarding how the Trust makes arrangements for pain management for children who are discharged from hospital and need appropriate medication.

For a child going home, medication would be provided from the ward, with any further prescriptions to be from the GP. Parents would be consulted if only over the counter medications were needed and no ward supply required e.g. if they had paracetamol at home.

For a child with significant long-term pain, necessitating a pain management service, we would refer into the services available at the Great North Children's Hospital or James Cook University Hospital.



Questions

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